Coi	PLACE OF DEATH Journell					IRI STATE BOARD OF HEALT REAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
Tov	waship W	llawsfin	My Regis	stration Bistric	385 File N	. 1.1371	
oi VIII	r lage	/	Prim	ary Rogistratio	on District No. <u>3536</u> Regist	ered No. 60	
OI City	:y	L NAME	antor		otion	[If death occurred hospital or institution of street and number	
- 	PERS	ONAL AND STATIS	TICAL PARTICULA	RS	MEDICAL CERTIFICA	ATE OF DEATH	
BE Mi	all	COLOR OF RACE	MARRIED MAR WIDOWED OR DIVORCED (Write the word)	enU	DATE OF DEATH Jan	, 19.	
DA	DATE OF BIRTH				I HEREBY CERTIFY,	that I attended deceased i	
		May (Month)	(Day)	, 1 5 44 (Year)	that I last saw h alive on Je		
AG)E	66 yrs 7	<i>G</i>	If LESS than I day,hrs. ormin.?	and that death occurred, on the		
001	OUPATION		mos/as.		The CAUSE OF DEATH* was as follows:		
						//	
(a) par	Trade, profe rticular kind	of work	etrosey.	·····	Valvular Discore	of heart	
par (b) bus	rticular kind General natu Siness, or esti	ostion, or 70 of work ure of industry, ablishment in i (or employer)	1-00	<u> </u>	Valvular Discore	of heart	
(b) bus whi	rticular kind General natusiness, or esti ich employed RTHPLACE by or town."	of work	1-000 Bohem	cia M	978 Couration		
(b) bus whi	Concrete Rind Concrete Riness, or establishess, or establ	of work	John Bohem	cia	Contributory Hyportals	yrsmos	
bus bus whi Cit Stat	General natusiness, or estatich employed RTHPLACE ity or town," te orforeign coul NAME OF FATHER BIRTHPLA	of work	J- Order	eia	Contributory Hypostalia (SECONDARY) (Duration) (Duration)	yrsmos	
bus bus whi Cit Stat	General natusiness, or esti- siness, or esti- ch employed STHPLACE STY or town," to orforeign cour NAME OF FATHER BIRTHPLA OF FATHS	of work	J- Orlen	eia Hth 14	Contributory Hyportals (SECONDARY) (Duration) (SIgned) It formul	yrsmos	
(b) bus whi	General natusiness, or esti- siness, or esti- ch employed STHPLACE STY or town," to orforeign cour NAME OF FATHER BIRTHPLA OF FATHS	of work	Bohem Potrice Brhennia	eia pth 14	Contributory Hyportals (SECONDARY) (Duration) (SIgned) It formul	yrsmos yrsmos. 5 Wellowsprings in deaths from Violent Causes.	
(b) bus while (Cit State	General natural siness, or establishess, or employed the control of	of work	Bohem Potrice Brhennia	eia Ath 14	(Duration) (SECONDARY) (Duration) (Signed) (Duration) (Signed) (Duration) (Address) *State the Disease Causing Death, or, if the Disease Death, or, if the Disease Death, or, if the Disease Death, or, if	yrsmos	
PARENTS STATES OF STATES O	RICUIAR KIND General natus siness, or estrict len employed RTHPLACE ity or town." Ite or foreign cour NAME OF FATHER BIRTHPLA OF FATHI (City or town OF MOTH BIRTHPLA OF MOTH (City or town	of work	Bohem Potiva Bohemia Bohemia Junia		(Duration) (Contributory Agostate (Stoomdary) (Bigned) (Duration) (Bigned) (Duration) (Bigned) (Address) *State the Disease Causing Death, or, if (Disease of Lipury; and (2) whether Accident Recent Residents) At place of death yrs. mos. ds. & Where was disease contracted	yrsmos	
PARENTS BIR (Castal State Stat	RICUIAR KIND General natus siness, or estrict len employed RTHPLACE ity or town." Ite or foreign cour NAME OF FATHER BIRTHPLA OF FATHI (City or town OF MOTH BIRTHPLA OF MOTH (City or town	ace foreign country) ACE ER ACE ER	Bohem Potiva Bohemia Bohemia Junia		(Duration) (Contributory Hyportalise (BECONDARY) (Bigned) (Bigned) *State the Disease Causing Death, or, if (1) Heans of Injury; and (2) whether Accident Recent Residents) At place of death yrs, mos ds.	yrsmos	
PARENTS BIR (Castal State Stat	General natural siness, or establishess, or employed and the control of the cont	are of Industry, ablishment in is (or employer) Allow (Industry) ACE ER (Industry) ACE ER (Industry) ACE ER (Industry) ACE ER (Industry) TRUE (Industry) TRUE (Industry) TRUE (Industry)	Bohem Potiva Bohemia Bohemia Junia		(Duration) (SECONDARY) (Duration) (SIgned) (Duration) (Signed) (Duration) (Address) *State the Disease Causing Death, or, if the Disea	yrsmos yrsmos yrsmos yrsmos yrsmos yrsmos www.decarticle. www.decarti	
PARENTS BIR (Castal State Stat	CADDRES	are of Industry, ablishment in is (or employer) Allow (Industry) ACE ER (Industry) ACE ER (Industry) ACE ER (Industry) ACE ER (Industry) TRUE (Industry) TRUE (Industry) TRUE (Industry)	Bohem Potiva Bohemia Bohemia Junia	ie V	(Duration) (Signed) (Signed) (Duration) (Signed) (Duration) (Address) *State the Disease Causing Death, or, i (1) Heans of Injury; and (2) whether Accident LENGTH OF RESIDENCE (FOR HOSPIN RECENT RESIDENTS) At place of death Where was disease contracted if not at place of death? Former or usual residence	yrsmos	

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter. Physician, Compositor, Architect, Locomotive engineer. Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed. as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write Nonc.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcinoma, Sar-

coma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 20 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident: Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



c	. <i>FM 4.4110</i> Y .~	MISSOURI STATE BOARD OF HEALTH REGISTRARS SHALL NOT RE- EIVE A FEE FOR CERTIFICATES NTIL THEY ARE COMPLETED AS MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH
Т	0	RESCRIBED BY LAW. Registration District No. 385 File No. 1371
V	$\alpha = \alpha + \alpha$	Primary Registration District No. 5536 Registered No.
C	FULL NAME duto	St.; Ward) St.; Ward) Protion (Protion) [Il death occurred in a hospital or institution, give its NAME instead of street and number]
	PERSONAL AND STATISTICAL PARTIC	CULARS MEDICAL CERTIFICATE OF DEATH
	COLOR OR RACE SINGLE MARRIED WIDOWED OR DIVORCED OR DIVORCED (Write he word	
2	ATE OF BIRTH	I HEREBY TERRIFY, that I attended deceased from
: A	GE (MonyK)	that I last say have alive on / 2 - ,191/, If LESS than I day, hers or min? and that Reath occurred, on the date stated above, at 9/0 m.
	CCUPATION Trade, profession, or	The CAUSE OF DEATH* was as follows:
(b	rticular kind of work // WWW.) General nature of industry, siness, or establishment in olich amployed (or amployer)	Valuelandiseau j hent
(0	RTHPLACE ity or town. ate or fereign country Kloloy Boke	(Duration) yrs. mos. ds.
	NAME OF FATHER TO PROBE	Contributory Kypottalic Meunique (SECONDARY) Duration YES
PARENT8	BIRTHPLACE OF FATHER (City or town, State or foreign country)	(81gned) J7 / Row M.D. 1-4- 191 / (Address Willow Jpgs -
PAR	MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Heans of Injury: and (2) whether Accidental, Suicidal, or Homicidal.
	BIRTHPLACE OF MOTHER (City or town, State or foreign county)	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs. mos. ds.
•	IE ABOVE IS TRUE TO THE BEST OF MY KNOWLE	Where was disease contracted If not at place of death? Former or
	(ADDRESS) Willow Spin	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FII	od Jan 4 X1811 Mit Ham	Men - 101
<u> </u>	All information called	d for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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